

PSJ3

Exhibit 114

**Endo Pharmaceuticals Inc.**

PER # 01050

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/OrganizationProgram:

Name: American Academy of Pain Medicine
 Attn: Kathryn M. Checea
 Address: 4700 West Lake Avenue
 Glenview, IL 60025-1485

Scientific/Educational
 Activity:

Tax ID: 36-3874208

Location:

Coordinator:

Name: Kathryn M. Checea

Title: Program Coordinator

Type:

Phone: (847) 375-4765

Fax: (847) 375-4777

Check payable to: American Academy of Pain Medicine

Audience Size:

Notes: CE agreement attached. Please send check
 via Airborne Express to arrive by 2/14.
 Thank you!

Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						
Explanation:						

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$15,000	\$15,000		
	Total Payments:	\$15,000		

Funding Sources: Charge Code: 20010-662100

Total Funding: \$15,000

Eileen M. Provost _____

Louis J. Vollmer _____

Carol A. Ammon _____

Jeffrey R. Black _____